# MEDICAL HISTORY

Which office are you visiting? Fountain Square

Printed Name

Date

Primary Care Doctor

Doctor's Address

Reason for your visit today

Date of Last eye exam

Date of Last medical exam

Are you interested in being fitted for:

☐ Glasses ☐ Contacts ☐ Both

****Note: Additional fee for contact lens elvaulation**

Chief Complaint: Please explain difficulties you are experiencing with your vision:

Chief Complaint(2): Please explain difficulties you are experiencing with your eyes:

Computer usage: Do you use computer at work or home?

☐ Yes ☐ No

Surgeries: List your previous eye surgeries:

MACHA EYE CARE

# MEDICAL HISTORY

Family history of eye problems:

Cataract:

- [ ] None
- [ ] Yourself
- [ ] Family member

Blindness:

- [ ] None
- [ ] Yourself
- [ ] Family member

Eye Turn:

- [ ] None
- [ ] Yourself
- [ ] Family member

Glaucoma:

- [ ] None
- [ ] Yourself
- [ ] Family member

Macular Degeneration:

- [ ] None
- [ ] Yourself
- [ ] Family member

Retinal Detachment:

- [ ] None
- [ ] Yourself
- [ ] Family member

Other Family History:

Height:

Weight:

Please list Eye Medications you take:

Please list Systemic Medications you take:

Please list Allergeries to Medications:

Please list other Allergeries:



# MEDICAL HISTORY

Social History:

Do you use Tobacco:

- [ ] No
- [ ] Former
- [ ] Current

Do you drink Alcohol:

- [ ] No
- [ ] Yes
- [ ] 1-2 drinks daily
- [ ] Above average
- [ ] Other

Do you take non-prescription drugs:

- [ ] No
- [ ] Yes
- [ ] Recreational
- [ ] OTC

Review of Systems:

**Allergy:**

- [ ] None
- [ ] Environmental
- [ ] Food
- [ ] Animal
- [ ] Other

**Cardiovascular:**

- [ ] None
- [ ] High Blood Pressure
- [ ] High Cholesterol
- [ ] Dizziness
- [ ] Stroke
- [ ] Other

**Constitutional:**

- [ ] Appetite Problems
- [ ] Sleep Problems
- [ ] Fainting
- [ ] Dizziness
- [ ] Fever
- [ ] Other

**Endocrine:**

- [ ] None
- [ ] Diabetes Type 1
- [ ] Diabetes Type 2
- [ ] Chron's
- [ ] Thyroid
- [ ] Gout
- [ ] Other

**Gastrointestinal:**

- [ ] None
- [ ] Acid Reflux
- [ ] Colitis
- [ ] Cancer
- [ ] Gerd
- [ ] Hepatitis
- [ ] IBS
- [ ] Other

**Genitourinary:**

- [ ] None
- [ ] Bladder Infection
- [ ] Ovarian Tumor
- [ ] Prostate Cancer
- [ ] STD
- [ ] Other

MACHA EYE CARE

# MEDICAL HISTORY

Review of Systems:

**Head:**

☐ None ☐ Encephalitis ☐ Headaches ☐ Hearing Loss ☐ Migraines ☐ Meniere's ☐ Other

**Blood Disease:**

☐ None ☐ Anemia ☐ Clotting Disorder ☐ Leukemia ☐ 4

**Immunologic:**

☐ None ☐ AIDS ☐ Herpes ☐ Lyme Disease ☐ Reye's Syndrome ☐ Sjogren's ☐ Sarcoidosos ☐ Other

**Skin:**

☐ None ☐ Acne ☐ Eczema ☐ Lupus ☐ Psoriasis ☐ Ocular Rosacea ☐ Other

**Musculoskeletal:**

☐ None ☐ Arthritis ☐ Down's Syndrome ☐ Muscular Dystrophy ☐ Osteoporosis ☐ Other

**Neurological:**

☐ None ☐ Bell's or Cerebal Palsy ☐ Epilepsy ☐ Parkinson's ☐ Seizures ☐ Vertigo ☐ Other

**Psychiatric:**

☐ None ☐ Anxiety ☐ Autism ☐ Bipolar ☐ Dementia ☐ Depression ☐ Schizophrenia ☐ Other

**Respiratory:**

☐ None ☐ Asthma ☐ Bronchitis ☐ COPD ☐ Emphysema ☐ Lung Disease ☐ Tuberculosis ☐ Other